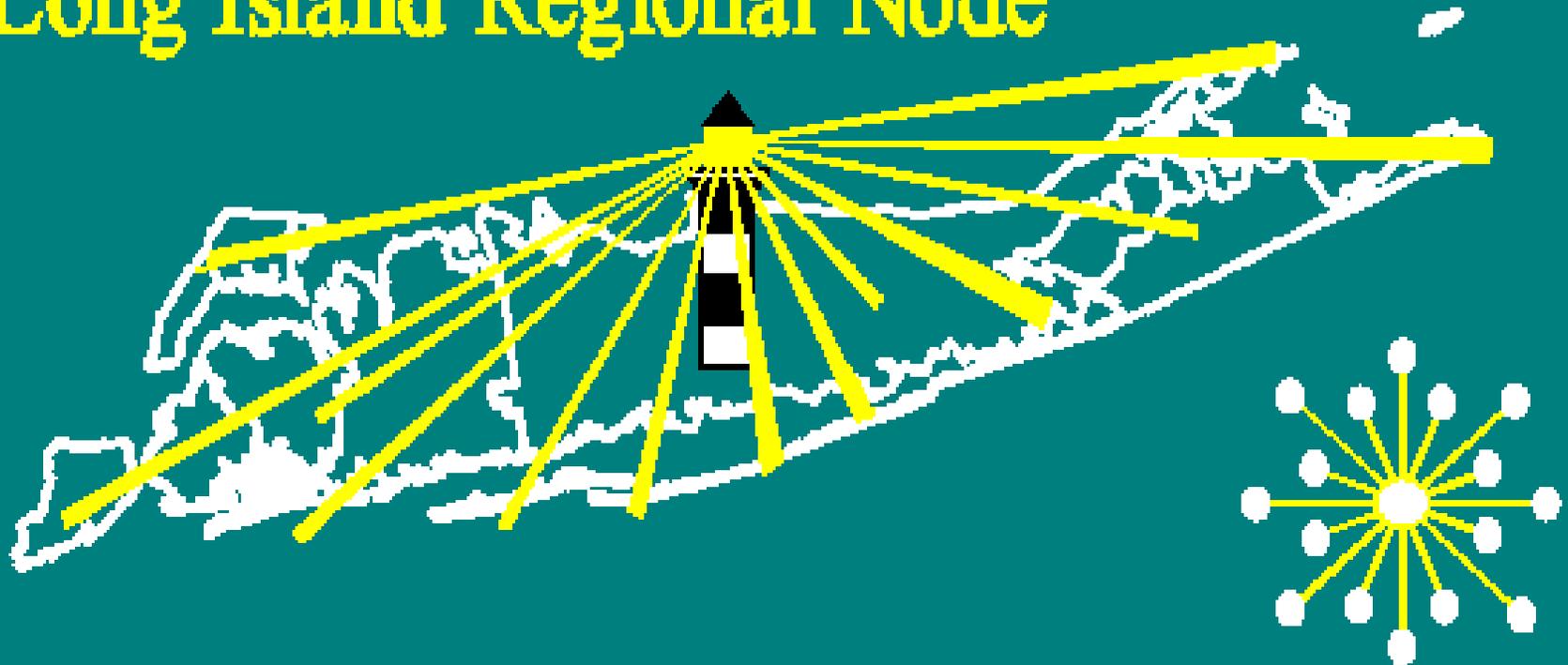


Conceptual and Programmatic Issues in the Treatment of Comorbid Disorders

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**Rand Corporation Survey of Care: For persons
with Co-occurring Mental and Substance Use Disorders
(Psychiatric Services, Vol. 52, #8, 2001)**

1. 3% of the U.S. population has co-occurring disorders
2. Of those people with co-occurring disorders
 - a. 72% received no treatment in previous 12 months
 - b. only 8% received both mental and substance abuse treatment
 - c. only 23% of those in treatment received “appropriate treatment”

Current Situation in Treatment Systems:

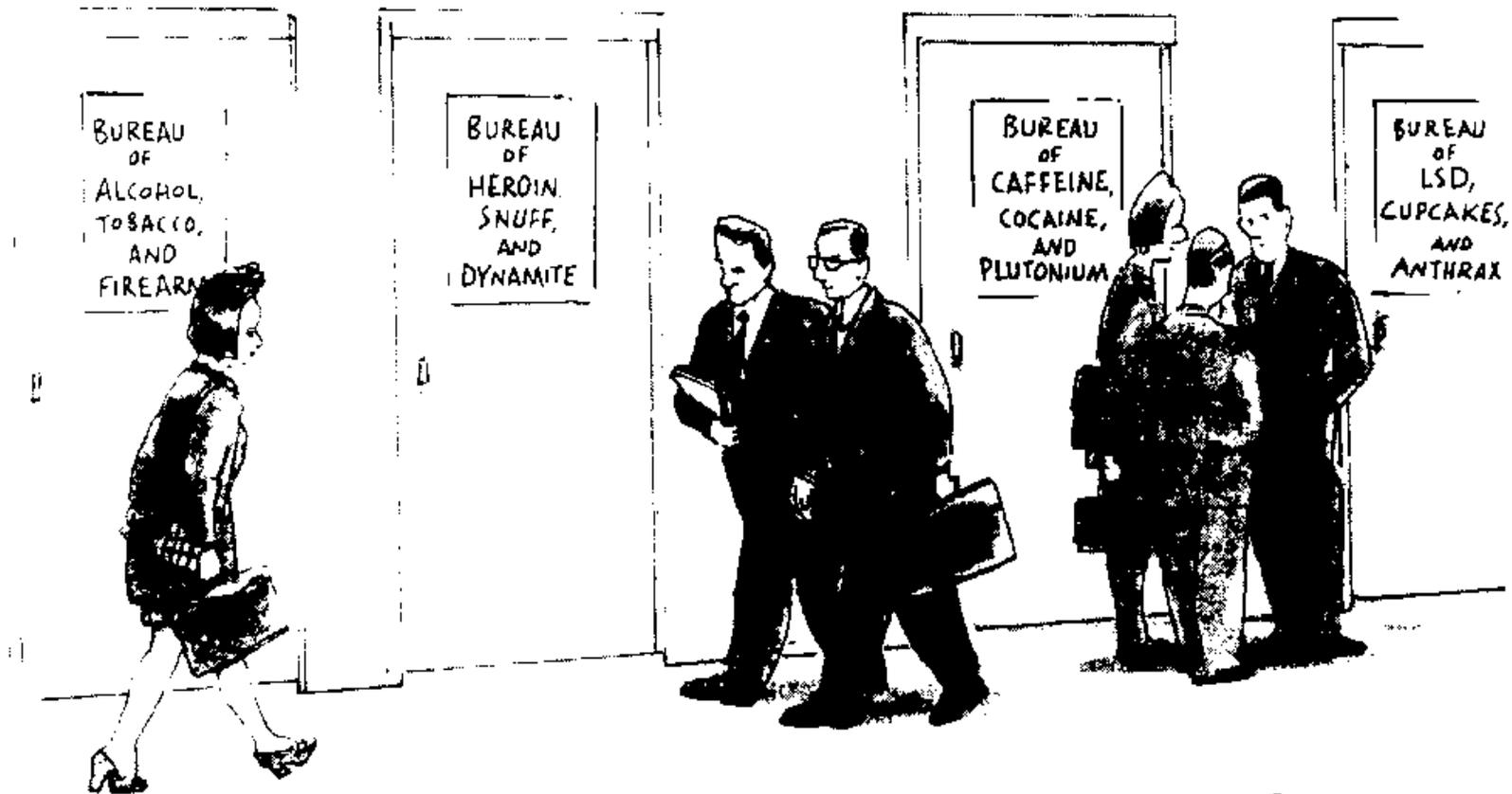
- Comorbid rates are high**
- Patients with multiple disorders are most costly to treat and less responsive to treatment**
- The same patient may be offered different services depending on whether he or she enters mental health or substance abuse treatment system**
- Treatment programs are burdened with multiple levels of oversight**
- Expectations of managed care organizations are often unrealistic**
- Mistrust and misunderstanding between mental health and substance abuse treatment systems**

Resource/Funding Needs

- Adequate psychiatric coverage**
- Adequate general medical and laboratory coverage**
- Access to appropriate pharmacotherapy**
- Funding for case management**
- Housing**

Enlightened Treatment System Would:

- Recognize addiction as a type of mental illness**
- Recognize “dual diagnosis” as a misnomer**
- Recognize chronic and relapsing nature of comorbid disorders**
- Provide integrated treatment and preserve treatment continuity**
- Expect realistic outcomes within a realistic time frame.**



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